STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155365	A. BUILDING 00 B. WING	04/19/2012

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F0000		F0000		

This visit was for the Recertification and State Licensure survey.

Survey dates: April 16, 17, 18 and 19, 2012

Facility number: 000256
Provider number: 155365
AIM number: N/A

Survey team:
Linn Mackey, RN-TC
Shelly Reed, RN

Census bed type:
SNF: 10
Total: 10

Census payor type:
Medicare: 2
Other: 8
Total: 10

These deficiencies reflect state findings cited in accordance with 410 IAC 16.2

Quality review completed on April 26, 2012 by Bev Faulkner, R.N.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F0242 SS=A	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on interview and record review, the facility failed to ensure a resident was given the choice of when to get up in the morning for 1 of 10 residents interviewed in a sample of 10 who met the criteria for choices. (Resident #19) Findings include: 1. During an interview on 4/16/12 at 1:33 p.m. and on 4/19/12, 2:15 p.m., Resident #19 indicated he was always sleepy because the facility gets him up in the morning and he indicated he would like to sleep in sometimes and not be woken up. During record review on 4/19/12, 9:55 a.m., the record indicated the Minimum Data Set (MDS), dated 2/21/12, the resident had a brief	F0242	F 242 – It is the intent of this facility to assure the resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** **Resident # 19:** Review of this of this resident's current MDS assessment occurred on 5/8/2012 to include his personal desire to arise later in the morning. The care plan was updated on 5/8/2012 to include the resident's desire to choose when he desires to get up in the morning. This change will begin on 5/9/2012	05/19/2012

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	interview mental status (BIMS) scores 15 of 15. BIMS score on the MDS indicated the resident was cognitively intact. Resident ' s diagnoses include but not limited to, vascular dementia, depression, and left side hemiplegic. 3.1-3(u) (1)		for this resident. **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** The Director of Nursing reviewed each resident's MDS assessment for the resident's desires. There were 3 other residents identified that would like to choose when they get up in the morning. Care plans for these residents were revised on 5/8/2012 to reflect their wishes. This change will begin on 5/9/2012 for these residents. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?** Upon admission to WSCC, all residents will continue to be assessed regarding their personal desires. Care plans for all residents will be developed upon admission to include these desires. A tour of another LTC Skilled facility that employs Resident Centered Care is planned and scheduled on May 14, 2012. Leadership from WSCC who will participate in exchange of information / tour will include Director of Nursing,	

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			Administrator, Dietician, MDS / Care Plan nurse and Social Services / Activities Designee. The Director of Nursing will develop a policy, in conjunction with the Medical Director related to the delivery of personal care per Resident Centered Care model by 5/16/2012. Admission Assessment process will be revised to include Resident Centered Care Activities. Care planning will then individually include, for each resident, their personal desires regarding ADLs and personal care, based on Resident Centered Care Activities. Staff education will be conducted on 5/17/2012 regarding changes in care delivery as per policy. **How will the corrective action be monitored to ensure the deficient practice does not recur?** All resident care plans will be reviewed quarterly and with each significant change in condition by the care plan team and the Director of Nursing or Designee to assure compliance. **Quality Assurance Follow-up:** The Director of Nursing or Designee	

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			will report any deficiencies to the Quality Assurance Committee every 30 days for the first 90 days, then quarterly thereafter. **Date of Compliance: May 19, 2012**	

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F0248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Based on observation, interview and record review, the facility failed to provide meaningful activities for 1 of 10 residents in a sample of 10 who met the criteria for activities. (Resident #19). Findings include: During observations on 4/16/12, 4/18/12, and 4/19/12, Resident #19 was observed to have attended a trivia activity on 4/19/12 at 10:00 a.m., which included one other resident. During an interview on 4/19/12 at 10:52 a.m., Resident #19 indicated that he used to be a carpenter and farmer when he was younger. He enjoyed working with his hands and being outside. Resident #19 indicated he feels like he is just here in the facility and he is bored.	F0248	**F248 -** It is the intent of this facility to ensure that all residents receive an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** **Resident # 19:** Reassessment of this resident occurred on 5/8/2012 to include his desire for outside activities. The care plan was updated on 5/8/2012 to include outside activities for this resident. Planned outside activities are scheduled weekly beginning 5/7/2012. **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action**	05/19/2012

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	Resident would like to go outside of facility for an outing or event. Resident indicated that he enjoys reading the newspaper, watching old movies, and having visitors. During an interview on 4/18/12 at 10:34 a.m., Assistant Activity Director #2 indicated the resident enjoys old farm books and reading the paper. She indicated the resident does have left sided hemiplegia which does affect his participation in some activities. Activity Assistant #2 indicated there has been no outside activities in the past three months and could not state the most recent time the residents have been off the third floor facility. During record review on 4/19/12 at 11:08 a.m., a social service assessment completed on 11/29/10, indicated Resident #19 interest included, but not limited to, antique cars, reading newspapers, following high school basketball, and trips. 3.1-33(a)		**will be taken?** All residents currently in the facility will have a new activity assessment completed by 5/18/2012 with care plans for all residents updated by 5/18/2012 to include outside activities for all current residents wishing to participate in outside activities. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?** Within 72 hours of admission to WSCC, all residents will be assessed regarding their personnel desire for outside activities. Care plans for all residents will be developed after the admission assessment to include outside activities for all residents per their individual ability and desire. **How will the corrective action be monitored to ensure the deficient practice does not recur?** All resident care plans will be reviewed quarterly and with each significant change in condition by the care plan team and the Director of Nursing or Designee to assure each and every resident's desire for an outside activity is included in their plan of care. **Quality Assurance Follow-up:**	

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			The Director of Nursing or Designee will report any deficient findings to the Quality Assurance Committee monthly for the first 90 days; then quarterly thereafter. **Date of Compliance: May 19, 2012**	

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F0279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on record review and interview, the facility failed to ensure a nutritional care plan was initiated for 2 of 3 residents reviewed in a sample of 5 who met the criteria for weight loss. (Resident # 50 and # 45). Findings include: 1. Resident # 50's record was reviewed on 4/18/12 at 2:00 p.m. Resident # 50's current diagnoses included, but were not limited to status post upper gastrointestinal	F0279	**F 279** - It is the intent of this facility to ensure that the results of the comprehensive assessment will be used to develop, review and revise the resident's comprehensive plan of care. Further this facility will develop the comprehensive care plan for each resident that includes measureable objectives and timelines to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. These care plans must describe the services that are to be furnished to attain or maintain the resident's highest practicable	05/19/2012

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	bleed, status post amputation right foot (3/12) chronic obstructive pulmonary disease, cerebral vascular accident, depression and ulcerative esophagitis. The resident's current diet order was a regular diet. A 4/7/2012 Nutritional Assessment indicated Resident # 50's height was 6 foot and weight was 110 pounds. The assessment also indicated a partial right foot amputation, the resident had a poor appetite, a current diet of regular diet and percentage of food intake was poor. A Dietary note, dated 4/9/12, indicated resident was significantly below IBW (ideal body weight) of 175 pounds, had poor oral intake and was depressed. Review of the care plans indicated there was not a care plan that addressed nutritional needs with the significant weight loss. During a 4/19/12 9:50 a.m., interview with the Dietician, she indicated they have 7 days after the care area assessments are done to complete the care plan. The dietician indicated that for immediate care needs the		physical, mental, and psychosocial well-being as required under **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** **For resident #50** On 4/19/2012, the dietician met with resident and family to discuss the resident's nutritional status. Resident has agreed to drink an Ensure chocolate milk shake 1-2 times daily. An order was obtained from the physician for Ensure chocolate milk shakes 1-2 times daily. Attending physician saw resident on 4/27/2012 and ordered Remeron 15 mg at bedtime as an appetite stimulant. Care plan written on 4/19/2012 to address nutritional risk status. **Resident #45:** No corrective actions can be taken for this resident as this was a review of a closed record. **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** Review of the current residents and their medical record by the Director	

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	facility uses the preliminary care plans. Review of a current policy titled Preliminary Care Plans, received from Director of Nursing on 4/19/12 indicated that a preliminary plan of care shall be developed for each resident within 24 hour of resident admission. The plan of care needs to address resident's immediate needs. 2. During a closed record review on 4/18/12 at 9:41 a.m., Resident #45 was admitted to the facility on 3/2/12 for a right hip fracture. Admission weight on 3/2/12 was 98 lbs. The initial dietary assessment was completed on 3/2/12. The initial assessment indicated the resident's ideal body weight range between 95-105 lbs, with an ideal body weight of 100 lbs. Resident #45's height was 5 '0. " An assessment indicated the resident had mild edema to lower leg. A second nutritional assessment was completed on 3/29/12. Resident #45's weight on 3/29/12 was 80 lbs. The resident was still noted to have had mild edema to lower leg. The resident was maintained on a regular diet until discharge.		of Nursing revealed no other residents were affected by the alleged deficiency. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?** At the time of admission any resident who are at nutritional risk or with a history of a non-planned weight loss will have a care plan in place within 24 hours of admission by nursing. Nursing will send the dietician a request to see the resident within 72 hours of admission. The dietician will assess the resident and review the plan of care to assure appropriateness. This will be communicated to staff at the next staff meeting scheduled for 5/17/2012. **How will the corrective action be monitored to ensure the deficient practice does not recur?** All resident care plans will be reviewed quarterly and with each significant change in condition by the care plan team and the Director of Nursing or Designee to assure compliance. **Quality Assurance Follow-up:** The Director of Nursing or Designee will report any deficiencies to the	

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	The following weights were reviewed: 3/2/12- 98 lbs.; 3/3/12- 95 lbs; 3/4/12- 95.5 lbs.; 3/5/12- 94.75 lbs.; 3/10/12- 93 lbs.; 3/17/12- 87 lbs.; 3/24/12- 80.25 lbs.;3/31/12- 84 lbs.;and 4/14/12- 83 lbs. The weight documentation sheet indicated on 3/10/12 Resident #45 was started on Lasix, an antidiuretic used to promote renal excretion of fluid. The medication administration record (MAR) was reviewed. No physician's order was found indicating Lasix was started on 3/10/12 or after. A physician's order on 3/15/12 for Hydrochlorothiazide, a medication used to promote renal excretion of fluid, was found and the resident was started on this medication on 3/15/12. Resident #45 did not have a care plan to address weight loss or nutritional status. During an interview on 4/18/12 at 9:46 a.m., Registered Dietician #1 indicated Resident #45 was started on Lasix on 3/10/12, and her weight loss was as a result of the medication. She also indicated the resident did not want any type of supplements but could not provide		Quality Assurance Committee every 30 days for the first 90 days, then quarterly thereafter. **Date of Compliance: May 19, 2012**	

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	any documentation indicating this. 3.1-35(a)(1)			

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F0325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. Based on record review and interview, the facility failed to ensure residents with weights below accepted parameters were identified and interventions to prevent further weight loss were developed for 2 of 10 residents reviewed in the sample of 10 who met the criteria for weight loss. (Resident #45 and #50). Findings include: 1. During a closed record review on 4/18/12 at 9:41 a.m., Resident #45 was admitted to the facility on 3/2/12 for a right hip fracture. Admission weight on 3/2/12 was 98 lbs. The initial dietary assessment was completed on 3/2/12. The initial assessment indicated the resident's ideal body weight range between	F0325	**F 325** – It is the intent of this facility to ensure that a resident (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels; unless the resident's clinical condition demonstrates that this is not possible; and (2) receives a therapeutic diet when there is a nutritional problem. **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** **For Resident # 50:** On 4/19/2012, the dietician met with resident and family to discuss the resident's nutritional status. Resident has agreed to drink an Ensure chocolate milk shake 1-2 times daily. An order was obtained from the physician for Ensure chocolate milk shakes 1-2 times daily. Attending physician saw	05/19/2012

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	95-105 lbs, with an ideal body weight of 100 lb. Resident #45's height was 5 ' 0. " An assessment indicated the resident had mild edema to lower legs. A second nutritional assessment was completed on 3/29/12. Resident #45's weight on 3/29/12 was 80 lbs. The resident was still noted to have had mild edema to lower leg. The resident was maintained on a regular diet until discharge. The following weights were reviewed: 3/2/12 98 lbs. 3/3/12 95 lbs. 3/4/12 95.5 lbs. 3/5/12 94.75 lbs. 3/10/12 93 lbs. 3/17/12 87 lbs. 3/24/12 80.25 lbs. 3/31/12 84 lbs. 4/14/12 83 lbs. The weight documentation sheet indicated on 3/10/12 Resident #45 was started on Lasix, an antidiuretic used to promote renal excretion of fluid. The medication administration record (MAR) was reviewed. No physician's order was found indicating Lasix was started on 3/10/12 or after. A physician's order on 3/15/12 for Hydrochlorothiazide, a medication		resident on 4/27/2012 and ordered Remeron 15 mg at bedtime as an appetite stimulant. Care plan written on 4/19/2012 to address nutritional risk status. **Resident #45:** No corrective actions can be taken for this resident as this was a review of a closed record. **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** Review of the current residents and their medical record by the Director of Nursing revealed no other residents were affected by the alleged deficiency. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?** All weights of the residents will be reviewed monthly by the dietician and any significant changes in weight will be immediately reported to the physician. The dietician will initial the weight book to show that the weight has been reviewed. **How will the corrective action be monitored to ensure the deficient**	

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	used to promote renal excretion of fluid, was found and the resident was started on this medication on 3/15/12. No physician notification of weight loss was found. Resident #45 did not have a care plan to address weight loss or nutritional status. No supplements were offered. A dietary note on 3/27/12 indicated the resident's weight was reviewed and had been a 7 lb weight loss after starting Lasix. During record review on 4/16/12 at 4:20 p.m., the Minimum Data Set (MDS), dated 3/29/12, indicated the resident had a Brief Interview Mental Status (BIMS) score of 15 of 15. The resident's diagnoses included, but were not limited to, hip fracture, anemia and hypertension. During an interview on 4/18/12 at 9:46 a.m., Registered Dietician #1 indicated Resident #45 was started on Lasix on 3/10/12, and her weight was a result of the medication. The Registered Dietician #1 was informed that no physicians order was found indicating the resident was started on Lasix. The RD indicated she		**practice does not recur?** The dietician will monitor the weight of all residents monthly to assure compliance. Any deficiencies will be reported to the Director of Nursing or Designee. **Quality Assurance Follow-up:** The Director of Nursing or Designee will report any deficiencies to the Quality Assurance Committee every 30 days for the first 90 days, then quarterly thereafter. **Date of Compliance: May 19, 2012**	

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	assumed the resident was on the Lasix since it was noted on the dietary assessment weight record. Registered Dietician #1 reviewed Resident #45's chart and indicated that she was not started on Lasix but was started on Hydrochlorothiazide instead. She also indicated the resident did not want any type of supplements but could not provide any documentation to support this claim. Resident # 50's record was reviewed on 4/18/12 at 2:00 p.m. Resident # 50's current diagnoses included, but were not limited to status post upper gastrointestinal bleed, status post amputation right foot (3/12), chronic obstructive pulmonary disease, cerebral vascular accident, depression and ulcerative esophagitis. Resident "50's current diet order was a regular diet. A 4/7/2012 Nutritional Assessment indicated Resident # 50's height was 6 foot and weight was 110 pounds. The assessment also indicated the resident had a partial right foot			

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	amputation, has a poor appetite, current diet was a regular diet and percentage of food intake is poor. A Dietary note, dated 4/9/12, indicated the resident was significantly below IBW (ideal body weight) of 175 pounds and had poor oral intake and was depressed. Review of a weight record indicated no weight on date of admission 4/5/12. A weight of 111 pounds on 4/6/12 and a weight of 109.5 on 4/7/12. No further weights were noted on weight record. Review of meal intake record indicated the resident eats bites to 50% of the food offered. Review of the care plans indicated there was not a care plan that addressed nutritional needs. Review of doctor orders indicated no dietary supplement. During a 4/16/12 at 10:30 a.m., interview with RN #6, she indicated there was no dietary supplement ordered for Resident # 50. During a interviews with staff on 4/18/12 at 9:00 a.m. When			

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	questioned about how often residents are weighted. CNA # 7 indicated those residents are weighted weekly on day shift with showers. CNA # 8 indicated that weights are done daily for 4 days then weekly with showers. CNA # 9 indicated they weigh residents weekly unless they are new admits and then they are weighed 4 days in a row. During a interview with the Director of Nursing (DON) on 4/19/12 at 1:00 p.m., she indicated that there was not further weights on Resident # 50. During a interview with the DON on 4/19/12 at 2:00 p.m., she indicated Resident 50's weight was 106.5 today and the resident had been started on Ensure shake. Review of a current policy titled, "Weight Book Nutrition Risk Monitoring" received from the DON on 4/19/12 at 10:00 a.m., indicated the following; residents are weighed on admission and daily for the first 72 hour, then weekly thereafter, residents with significant weight change are reviewed by the dietician and the care plan team. 3.1-46(a)(1)			

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F0441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F0441	F 441 – It is the intent of this facility to establish and maintain an	05/19/2012

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	Based on observation, record review, and interview, the facility failed to maintain infection control practices during medication administration for 1 of 1 resident in a sample of 10. (Resident #1). Findings include: 1. During observation of medication administration on 4/19/12 at 8:14 a.m., Registered Nurse #5 was observed to have moved 3 pills from one container to another with her bare hands. The medications included were Calcium, Multi-vitamin, and a Cranberry pill. RN #5 was asked to stop just prior to mixing all the medications together at the medicine cart to then dispense to Resident #1. During interview, after the observation, Registered Nurse #5 acknowledged she used her bare hands and touched the medications. She then disposed of the medication and restarted her medication administration for Resident #1. Review of the 2nd Edition of the "Medication Guide for the Long-Term		Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. The (a) infection control program (1) investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) maintains a record of incidents and corrective actions related to infections. The facility must (b) further prevent spread of infection (1) isolate patients to prevent the spread of infections when determined isolation is necessary, (2) prohibit employees with communicable disease or infected skin lesions from direct contact with residents or their food if direct contact will transmit the disease; and (3) the facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. The facility personnel must handle, store, process and transport linens so as to prevent the spread of infections. **What corrective actions will be accomplished for those residents found to have been affected by the**	

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	Care Nurse," developed by the American Society of Consultant Pharmacists includes the following regarding infection control practices: "Tablets and capsules should not be poured into the nurse's hands or touched during the medicine pass. The nurse should wear gloves when cutting tablets in half or touching them for any other reason." 3.1-18(b)(1)		**deficient practice?** **Resident # 1:** On 5/8/2012, the Director of Nursing issued a memo to the staff that they are required to wear gloves when crushing medications and are never to touch the residents' medications with their bare hands/fingers. **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** The Director of Nursing reviewed the resident records for residents receiving crushed medications, one additional resident could be affected by the alleged deficiency. Staff have been told to wear gloves when crushing medications and never to handle the residents' medications with bare hands/fingers. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?** The current medication administration policy will be revised by 5/11/2012 to include the reference to nurses who are crushing meds to wear gloves. Staff will be re-educated on practice and policy revisions on 5/17/2012.	

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			How will the corrective action be monitored to ensure the deficient practice does not recur? Random observations of medication passes will be conducted by the Director of Nursing or Designee on a weekly basis by observing different staff administering the medications. **Quality Assurance Follow-up:** The Director of Nursing or Designee will report any deficiencies to the Quality Assurance Committee every 30 days for the first 90 days, then quarterly thereafter. **Date of Compliance: May 19, 2012**	